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This brief research report summarizes a study of family stress during a 6-month peacekeeping deployment. Study participants were spouses of soldiers deployed as part of a US Army peacekeeping task force in support of United Nations Protection Forces (UNPROFOR) in the former Yugoslavia. The results are based on interviews and surveys conducted by the U.S. Army Medical Research Unit-Europe with US Army spouses living in 3 types of military communities in Germany. The study examines individual adjustment to the deployment separation and makes a comparison of how each community responded to the needs of the families. Specific recommendations on ways to increase community organization, community responsiveness and family support group effectiveness are included.

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peacekeeping deployment; family stress; military communities; family support groups; United Nations Protection Forces (UNPROFOR)

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22

FAMILY STRESS DURING A PEACEKEEPING DEPLOYMENT

In 1993, the US Army Medical Research Unit-Europe studied a US Army peacekeeping task force deployed for six months to provide medical support to United Nations Protection Forces (UNPROFOR) in the former Yugoslavia. The medical unit was composed of soldiers assigned from all over Germany, leaving the soldiers' families similarly scattered. This task force exemplifies the trend toward specially-configured units that support UN-sponsored peacekeeping operations. The family component of our research efforts focused on different groups of spouses and communities: Community A, a stable community with a sizeable number of affected spouses; community B, a community slated for closure; and outlying communities consisting of spouses who were among the only ones in their communities to be affected by the deployment. Results are based on data collected at mid-deployment from 39 interviews and 66 surveys of family members of deployed soldiers. We studied the relationship between adaptation and individual and community variables.

RESULTS

General Findings (Selected Highlights)

- Spouses reported experiencing a loss of social, emotional & parenting support.
- Although some spouses may appear to be well-functioning individuals, they also experience significant difficulties adjusting to the soldier's deployment.
- Spouses reporting boredom, feeling troubled about the deployment, and financial problems have the highest risk for depression and general stress symptoms.

Besides the fact that 11% of spouses visited their deployed partner, the deployment experience was also associated with other positive outcomes for spouses:

- 75% got along better than they had expected to
- 66% learned new things
- 57% became more independent
- 47% said the separation was good for their marriage

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Comparisons Across Communities

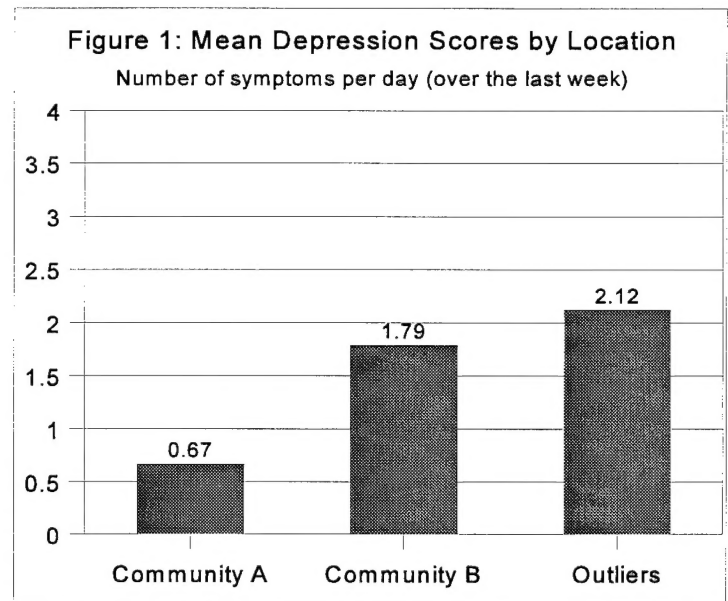
•**Community A** developed an active partnership between spouses and the rear detachment. This cooperation had been planned prior to the actual deployment. Spouses in community A expressed satisfaction with and appreciation for their community. They specifically mentioned receiving emotional, practical and informational support from a combined family-military effort, and they felt that the rear detachment would help them. Spouses in this group reported the fewest psychological symptoms.

•**Community B**, in turmoil because of the effects of the drawdown, was less successful in providing support. The families living in this community were dissatisfied with their Family Support Group (FSG), which was primarily run as an informational source by military personnel, and felt that their situation wasn't being adequately acknowledged. Participation in the support groups was low, and spouses reported that the emotionally supportive component of FSGs was lacking. There was also uncertainty as to which spouse should assume the leadership role in the FSG efforts.

- Families in **outlying communities** received almost no support from FSGs. A lack of information and organizational structure appeared to compound difficulties in meeting support needs. Some units did provide support but these efforts were haphazard and typically based on the initiative of a few individuals. Regular telephone contact was organized by one outlying spouse and for those spouses who happened to get on the contact list, the telephone calls were welcome.

- Not surprisingly, survey ratings confirmed the different perceptions across communities. Only community A (100%) felt that the Army was providing what they needed in family support as opposed to 38% of community B and 34% of the outlying families.

- Respondents from more supportive communities reported fewer symptoms of depression (Figure 1). Although the data include small sample numbers, findings suggest that adequate family support reduces psychological symptomatology.



RECOMMENDATIONS

Address Individual Issues

- Provide feedback concerning safety of deployed spouses through good communication (telephone chains, newsletters, use of the media)
- Identify spouses at risk for adjustment problems
- Acknowledge the experiences of spouses through regular contact, use of media, introductions to the commander during pre-deployment briefings, videotapes of camp life circulated among family members, and ceremonies sending off and welcoming soldiers (be sure all are invited)
- Educate family members and soldiers about what to expect from mid-deployment visits to help them keep their expectations in check

Address Family Support Group Needs

- Develop mailing list during pre-deployment training activities
- Assign Family Support Coordinator at Task Force level to oversee services
- Start developing support groups early, using pre-established structure where possible
- Clearly identify rear detachment personnel for family members so they are certain whom to contact in the event of a problem
- Combine rear detachment and spouse efforts in FSGs. Spouses may need to be invited directly in order to insure that they feel welcome, especially if no obvious leader emerges
- Address social and emotional needs as well as informational needs during FSGs
- Don't overlook those who would traditionally be expected to cope well
- Address lack of family support group participation through active outreach via alternative efforts (phone calls, newsletters, rotating locations of support meetings, direct outreach)

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